

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.  	FILING DATE  
CLAIMS								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
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12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
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37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	3	↓		↓		↓	TOTAL IND.	↓
TOTAL DEP.	17	←		←		←	TOTAL DEP.	←
TOTAL CLAIMS	20						TOTAL CLAIMS	